

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the open business meeting held on **Thursday 29 September 2022**. The meetings were held by Zoom and in person as follows

English Pharmacy Board in the Events Space at the RPS, 66 East Smithfield, London E1W 1AW

Scottish Pharmacy Board in Flockhart, 44 Melville Street, Edinburgh, EH3 7HF and on Zoom

Welsh Pharmacy Board in 2 Ash Tree Court, Woodsy Close, Cardiff, CF23 8RW and on Zoom

Present:

English Pharmacy Board (EPB)

Thorrún Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Michael Maguire (MM), Ewan Maule (EM), Erutase (Tase) Oputu (EO) and Paul Summerfield (PS) (joined by Zoom).

Scottish Pharmacy Board (SPB)

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Josh Miller (JM), Jill Swan (JS) and Audrey Thompson (AT).

Welsh Pharmacy Board (WPB)

Cheryl Way (CW) Chair, Geraldine Mccaffrey (GM) Vice Chair, Helen Davies (HD), Richard Evans (RE), Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd-Evans (RE), Lowri Puw (LP), and Eleri Schiavone (ES)

Invited Guests

Priyanka Patel – President, BPSA

Sunayana Shah – Chair of the Industrial Pharmacists' Group

5 RPS Member observers

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Clinical Fellow England, Ross Barrow (RB) Head of External Affairs, Scotland, Rachael Black (RB) Pharmacy Engagement Manager, Corrine Burns (CB) PJ Correspondent, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and Engagement Lead, Wales, Ross Gregory (RG) Head of External Affairs, Wales, John Lunny (JL) Public Affairs Lead, England, Clare Morrison (CM) Director for Scotland, Carolyn Rattray (CR) Business Manager, Scotland, Ravi Sharma (RS) Director for England, Wing Tang (WT) Head of Support, Cath Ward (CW) Business Manager, Wales and Laura Wilson (LW) Practice and Policy Lead, Scotland.

Apologies

Iain Bishop (IB) (SPB)
 Alisdair Jones (AJ) (EPB)
 Dylan Jones (DJ) (WPB)
 Richard Shearer (RS) (SPB)
 Jacqueline Sneddon (JS) (SPB)
 Elly Thomas (ET) (WPB)

22/09/01.	<p>Welcome and address from the CEO/President Chair: Andrew Carruthers (AC) Chair, Scottish Pharmacy Board (SPB), Led by: AC, Chair SPB.</p> <p>AC welcomed Board members (BMs), invited guests, observers and staff and outlined the structure for the day's meetings.</p>	
22/09/02.	<p>Apologies</p> <ul style="list-style-type: none"> • Iain Bishop (IB) (SPB) • Alisdair Jones (AJ) (EPB) • Dylan Jones (DJ) (WPB) • Richard Shearer (RS) (SPB) • Jacqueline Sneddon (JS) (SPB) • Elly Thomas (ET) (WPB) 	
22/09/03(a)	Declarations (decs) of interest. (Papers 22.09/EPB/03a, 22.09/SPB/03a & 22.09/WPB/03a).	

	<p>Chair: SPB Led by: Chair, SPB</p> <ul style="list-style-type: none"> • Brendon Jiang (BJ) – Superintendent Pharmacist role, Wychwood Pharmacy – YD to add to EPB decs of interest. • Sibby Buckle (SB) - remove “The Menopause Group” pharmacist consultant • Lowri Puw (LP) - Decs of interest to be added to Welsh Pharmacy Board (WPB) decs of interest. CW to add to WPB decs of interest. <p>Action: YD to add to BJ’s decs of interest (EPB), his role as a Superintendent Pharmacist role at Wychwood Pharmacy and Sibby Buckle’s.</p> <p>Action: CW to add LP’s decs of interest to WPB list.</p>	YD CW
22/09/03(b).	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.09/NPB/03b) Chair: SPB Led by: Chair, SPB</p> <p>The National Pharmacy Boards</p> <p style="text-align: center;">noted</p> <p>the Powers, Duties and Functions of the National Pharmacy Boards (Paper: 22.09/NPB/03b).</p>	
22/09/04.	<p>Minutes of the NPB Open Business meeting held on 28 June 2022 and matters arising (Paper: 22.09/NPB/04) Chair: SPB Led by: Chair, SPB</p> <p>The English, Scottish and Welsh Pharmacy Boards</p> <p style="text-align: center;">accepted as a true and accurate record</p> <p>the minutes of the formal National Pharmacy Board meeting held on 28 June 2022.</p> <p>approved by Catriona Sinclair (CS), SPB and seconded by Cheryl Way (CW), WPB</p>	

	There were no matters arising from these minutes.	
22/09/05.	<p>Professional Leadership (Paper: 22.09/NPB/05) Chair: SPB Led by: Paul Bennett (PB) Chief Executive</p> <p><u>Independent review of participation and communications.</u> PB provided an introduction and a brief update on progress to date. The review was initiated at the request of the RPS President and is being conducted by an external consultancy, Luther Pendragon. Good progress has been made and a draft report has been produced based on member engagement (focus groups, etc) and desk research. Luther Pendragon will present their findings and recommendations to a 'special' open RPS Assembly meeting on 7 October at 1pm. The findings and recommendations will then be published on rpharms.com website and circulated to wider stakeholders. Assembly members will consider how best to respond to the recommendations in the report. This meeting will be open to observers.</p> <p>It was noted that it may not be possible for people to attend the Assembly meeting on 7 October as it is scheduled to start at 1 pm. It was agreed that the meeting should be recorded.</p> <p><u>UK Commission on Pharmacy Professional Leadership.</u> PB introduced this item. The Commission was initiated by the four UK Chief Pharmaceutical Officers (CPhO). The Commission is chaired by Dame Professor Jane Dacre and Nigel Clarke, immediate Past Chair of the GPhC and sponsored by the CPhOs. A number of working groups have been established, with representation from each country, to support the work. It has very tight deadlines and the call for evidence closed on 28 September. All registrants were invited to participate in a survey on an individual basis. The RPS has provided a strong response to the survey and has also presented a submission which is bold and has clear ambition and is reflective of the RPS strategy. The submission will be released publicly. It is our understanding that the survey responses will be analysed over the next 4 – 6 weeks, from which a series of outputs will be presented to the Commissions Working Groups. Their outputs will be considered and recommendations made by the Commission to the four CPhOs. It is envisaged that a report will be published in January 2023. It was noted that the RPS President is a member of the Commission as an individual rather than as a representative of the RPS.</p>	

	<p>The RPS President (CA) noted that the Commission has met once since the June 2022 NPB meeting. Three quite different organisations were invited to present at the meeting: The Royal Society of Chemistry, Royal College of Anaesthetists and the new General Dental Association.</p> <p>A number of working groups have been established with CA sitting on one which focusses on regulatory matters; Elen Jones (EJ), Director for Wales and Joseph Oakley (JO), Head of Assessment & Credentialling, are also included on the working groups.</p> <p>The next Commission meeting is scheduled for December 2022.</p> <p>It is unlikely that either the results of the survey or the recommendations will be shared in advance of publication.</p> <p>PB confirmed that the RPS is positioned positively in advance of the recommendations being published. An internal working group has been pulling together insights and creating narratives with strong input from elected members and there is optimism that the views of the RPS will resonate with the Commission.</p>	
22/09/06.	<p>AGM motions (Paper: 22.09/NPB/06) Chair: SPB Led by: Chair. Motions for Board consideration at September 2022 meeting The following motions were discussed (original numbering has been kept). For the full detail of all motions refer to paper 22.09/NPB/06.</p> <p>9 (a) RPS Locals Alwyn Fortune (AF) provided background. 11 out of 14 Ambassadors have now been recruited. Of the remaining 3 positions, 2 are in Scotland and 1 in Wales. There was a comment regarding process; originally the NPBs had agreed to the process, and it was being progressed at the time the AGM motion was submitted. It was suggested that being brought back to the NPBs provided an opportunity to reflect. Rachael Black (RB) confirmed that the Ambassador contracts were for an initial period of 12 months, after which they would be reviewed.</p>	

	<p>The National Pharmacy Boards</p> <p>agreed</p> <p>that there should be no change in approach, that the current RPS regions model should continue and that the title of Ambassador should remain.</p> <p>Board members (BMs) were asked for their support in recruiting the three outstanding Ambassadors.</p> <p>9 (c) Pharmacy Workforce This motion called for actions by GPhC and is out with RPS's remit. The motion will therefore be referred to GPhC for its consideration.</p> <p>There were no objections.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that RPS staff should refer the motion for action to the GPhC.</p> <p>9 (d) Pharmaceutical Wholesalers It was agreed that this matter is not within the remit of RPS and so RPS should not form a policy position. It was, however, recognised that the actions of pharmaceutical wholesalers could impact on patient care and so there was sympathy 'for the struggle'.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that, as this matter does not fall within the remit of RPS, therefore it is not necessary to form an RPS policy position.</p>	
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	<p>9 (f) Pharmacist Apprenticeships Although RPS has not been involved in any work in the area of pharmacist apprenticeships in the last year, it was agreed that it is 'imperative' that RPS is involved in discussions, develops a 'stance' and has a voice.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that RPS should be involved in discussions about pharmacist apprenticeships and that RPS staff should find out information about any meetings that have taken place around this subject and should be involved going forward.</p> <p>9 (g) Primary Care Pharmacist There was a discussion about the role of the Expert Advisory Groups (EAGs) and the NPBs; EAGs were formed to advise and inform the NPBs and Directorates. It is for the NPBs to create policy. The EAGs have no governance role. It was agreed that it is not within the remit of the EAGs to issue any statement on behalf of RPS. The EAGs, in their current form, have been established for approximately 12 months and it was suggested that a review of how well the various EAGs are working would be beneficial.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>That it is not in the remit of the Expert Advisory Groups to issue statements on behalf of RPS but that EAG members can represent RPS but that representation needs to align to RPS guidelines on spokespersons.</p> <p>And</p>	
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	<p>It is not the remit of the expert advisory group to create policy, this lies with the National Pharmacy Boards, and this will remain, the boards can and do ask for advice from EAGs to inform positions as appropriate.</p> <p>9 (h) Emergency Supplies Support</p> <p>TG referred board members to the minutes (item 5) of the Assembly on 20 July 2022. She emphasised that pharmacists have a duty to explain to patients when an emergency supply cannot be made and give them more information.</p> <p>The National Pharmacy Boards</p> <p>agreed</p> <p>that no action is required as there are a substantial number of resources currently available.</p> <p>Board members were advised that the process around AGM motions is being reviewed.</p>	
<p>22/09/07.</p>	<p>Workforce (Papers: 22.09/NPB/07(i) & (ii)) Chair: SPB Led by: Ravi Sharma (RS), Director for England</p> <p>(i) <u>Pharmacy pressures</u> RS introduced this item referring Board members to the RPS Workforce statement published on 6 September 2022. A workforce wellbeing survey is currently open and to date 1000 responses have been received, the survey closes mid-October. The survey results will be reported on later in the year and the themes discussed at the proposed roundtable.</p> <p>(ii) <u>PGDs for pharmacy technicians</u> RS referred Board members to papers 22.09.NPB (I) and (ii) and asked the boards to discuss this in their breakout rooms and report the outcome of the discussions in the later plenary session. It is important to have an agreed RPS policy position on PGDs for pharmacy technicians.</p>	

<p>22/09/08.</p>	<p>Workforce (discussion of item 7) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England discussion</u> The EPB discussed the 5 key actions from the RPS Workforce statement that was published on 6 September 2022. The EPB were broadly in agreement with the 5 key actions and some of the points made are:-</p> <ul style="list-style-type: none"> • We need to work with partners on this plan – pharmacy cannot work in isolation – need a workforce strategy for whole workforce not just pharmacy – need to engage with ICBs, LAs and commissioners generally • A set of principles will be useful • Be clear on the purpose – is this an emergency measure or fundamental change? • Rest breaks are in legislation – there were differing views on closing pharmacies for half hour breaks – but most agree that a mental break is needed during the day – explore this in more detail with the Board – this links in with changes to supervision • Develop quality systems for capacity planning <p><u>Roundtable proposal</u> The EPB unanimously agreed to host a roundtable and that initially there should be a GB roundtable and thereafter, if necessary, country specific roundtables. The public affairs team will pull together a stakeholder list for the roundtables.</p> <p><u>RPS Pharmacy Technicians and PGD position statement (paper 22.09.07 (i) & (ii))</u></p> <p>The EPB has debated this issue for some time and had further debate today with varying views around the table. The Chair called for a vote for those in favour of the position statement:-</p> <p>In favour: Brendon Jiang, Claire Anderson, Tase Oputu, Emma Boxer, Ciara Duffy, Mary Evans, Michael Maguire, Sibby Buckle, Thorrun Govind</p> <p>Against: Martin Astbury, Paul Summerfield, Adebayo Adegbite</p>	
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It is therefore to be noted that the **EPB are in favour** of the RPS Pharmacy Technicians and PGD statement.

MA asked for it to be noted that he reserved the right to speak against this decision in public.

Scottish Discussion

SPB considered the 5 key actions from the recently published RPS pharmacy pressures statement.

The SPB was supportive of the 5 key actions. Some of the points made were:

- Wait for the results of the wellbeing survey and base activity on results.
- Advocate for workforce planning strategies that reflect the requirements of each country, that align with the RPS organisational strategy and which can make use of GB resources.
- Scottish members need to know that RPS is advocating on their behalf.
- There should be clarity around breaks and protected learning time.
- Messages are clear and positive, showing that pharmacists are working to the top of their licence. Pharmacy technicians should also be provided with the enablers to allow them to work to the top of their licence; this would free up pharmacists to be able to work in the way that is envisaged. Technology could help with this.
- Work with other health professions to make sure that the different roles within the pharmacy team are understood
- Share the RPS Scotland Best Practice Hub; 1-page summaries to help convey messages to non-pharmacists

The SPB **supported** the statement: *Putting the patient first: how pharmacy can get it right*.

The SPB **supported** the proposal to hold a round table, country specific in the first instance and then GB if required. The SPB considered who/which organisations should be invited to the meeting. There was caution against making the round table too big.

	<p>The SPB supported the action to advocate for proper workforce planning for pharmacy in each country. Workforce planning should reflect the requirements of each country whilst aligning with RPS GB strategy.</p> <p>The SPB supported the call for zero tolerance of abuse across pharmacy.</p> <p>The SPB supported the need to inform the public, politicians, policy makers and other professions about pharmacy pressures by:</p> <ul style="list-style-type: none"> • Hosting a round table • Using slot at SNP Conference – Board members to provide bullet points re: workforce pressures for CM to include in meeting with Cabinet Secretary for Health & Wellbeing. <p>Action: SPB members to provide bullet points re: workforce pressures for CM to take to the SNP Conference.</p> <p><u>RPS Pharmacy Technicians and Patient Group Direction (PGD) position statement (paper 22.09.07 (i) & (ii))</u></p> <p>A discussion was held, and the Scottish Pharmacy Board was unanimously in favour of the RPS Pharmacy Technicians and PGD statement, agreeing that fully trained pharmacy technicians should be able to supply and administer medicines under a PGD.</p> <p><u>Welsh Discussion</u></p> <p>WPB discussed the 5 key actions from the RPS Workforce The decisions and points made are: Advocate for proper workforce planning for pharmacy in each country WPB Unanimously supports</p> <p>Advocate for temporary prioritisation plans to ease pressures on pharmacy and ensure essential pharmacy services are provided for patients</p> <ul style="list-style-type: none"> • This can be sometimes used as an excuse to ignore longer term strategy concerns also raised that this maybe short sighted 	<p>SPB/CM</p>
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	<ul style="list-style-type: none"> • Would benefit from making the focus about activities that add value for patient care <p>WPB voted unanimously that the statement needs rethinking to make it more specific change the word prioritisation to added value to patient care activities that add value for patient care</p> <p>Strongly condemn abuse in pharmacy</p> <ul style="list-style-type: none"> • Plenty of work ongoing, media and campaigning through politicians <p>WPB unanimously in favour</p> <p>Inform the public, politicians, policy makers and other professions about pharmacy pressures</p> <ul style="list-style-type: none"> • Drop-in sessions planned in Wales <p>WPB unanimously in favour</p> <p>Invite pharmacy employers and pharmacy trade unions to a round table discussion</p> <ul style="list-style-type: none"> • HEIW have been in contact about a potential symposium • WPB wants RPS to be an organisation that reaches out to other bodies to ensure those discussions are prioritised • WPB are open to a roundtable on a GB level but also think there is value to Country specific discussions in collaboration with HEIW • RPS should ensure we avoid any duplication and discuss proposal with CPhO and HEIW. Our angle should be to tag this onto the work force survey <p>WPB agreed that this should be taken to the Welsh Pharmacy Partnership (WPP) group for discussion</p> <p><u>Roundtable</u></p> <p>WPB were in favour of a roundtable discussion at GB level and to have further discussions with HEIW regarding the Wales Symposium.</p> <p><u>RPS Pharmacy Technicians and PGD position statement (paper 22.09.07 (i) & (ii))</u></p>	
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	<p>A discussion was held, and Welsh Pharmacy Board were unanimously in favour of this RPS Pharmacy Technicians and PGD statement and felt that it was an important step to help advance the vision for pharmacy in Wales.</p>	
22/09/09.	<p>Workforce (feedback on item 8) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England feedback</u> It is to be noted that the EPB are in favour of the RPS Pharmacy Technicians and PGD statement. Pharmacists should have a mental wellness break during the day – explore this in more detail</p> <p><u>Scotland Feedback</u> It is to be noted that the SPB are in favour of this RPS Pharmacy Technicians and PGD statement</p> <p><u>Wales Feedback</u> It is to be noted that the WPB are in favour of this RPS Pharmacy Technicians and PGD statement</p> <p>Action: Country Teams to discuss the way forward for the roundtables bearing in mind the suggestions from all 3 boards. Action: Country Teams to discuss mental wellness breaks for pharmacists.</p>	
22/09/10.	<p>Health inequalities (introduction) (Paper: 22.09/NPB/10) Chair: SPB Chair Led by Clare Morrison (CM), Director for Scotland and Laura Wilson (LW), Scottish Practice and Policy Lead</p> <p>CM led on this item and commenced the session with a short presentation on Health Inequalities.</p>	

	RPS is aiming to produce a clear and ambitious policy on pharmacy's role in addressing complex and varied causes of health inequalities	
22/09/11.	<p>Health inequalities (discussion) Chair: Country Board Chairs Led by: Country Board Chairs</p> <p><u>England Discussion</u></p> <p>Some of the points made by the board during their discussion are:-</p> <ul style="list-style-type: none"> • This is a large piece of work - it includes everything we do – could Health Inequalities be integrated into the Vision? • Having a RPS policy on health inequalities is not the right approach – what and who will it influence – more beneficial to identify joint stakeholders and co-produce • RPS are members of the NHSE Inclusive Pharmacy Practice meetings – and work with them on health inequalities • RCGP have developed a hub page on health inequalities • A hub page should be developed by the RPS rather than a policy as the topic is so wide much of which is covered by the work of the Vision for Pharmacy Practice in England. <p>Action: Discuss with Team the possibility of developing a hub page on health inequalities and a podcast, pulling together the information that RPS already has on health inequalities into one place and signposting too.</p> <p><u>Scotland Discussion</u></p> <p>Some of the points made during the SPB discussion:</p> <ul style="list-style-type: none"> • Use the RPS Conference to ascertain the views of members and get them to feed into the development of the policy • Topics to consider: <ul style="list-style-type: none"> o How health inequalities contribute to health outcomes. o Language – accessibility to services. 	

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| | <ul style="list-style-type: none">o Cultural barriers – technical infrastructure not in place to embrace multicultures such as different languages. This was currently a particular issue with supporting Ukrainian refugees. There is no ‘Once for Scotland’ approach for tools in different languages.o Location and provision of community pharmacy services, pharmaceutical care planning aspect.o Rural deprivation has very different complexities to urban deprivation.o Self-care, e.g. obesity. There is evidence that those who are more deprived will suffer pre-diabetes and diabetes. Self-care, early intervention and supported living will be vital. Could be all settings and multidisciplinaryo Better pharmacy provision in areas of greater need – celebrate this!o Drug harm reduction (DHR) (signpost/reference to RPS DHR policy); for specific inequalities mention when a patient will suffer more because of their addictiono Supporting a healthy lifestyle - how can this be achieved by pharmacy without putting pressure on core services? Services that are already core targeting health inequalities, need to be developed by those who will use the service to prevent it being a tick box exerciseo Stronger advocacy for enabling pharmacists to make direct referrals, especially to other allied health professionals; a single shared record could support this. Lack of access to a single shared record makes health inequalities worse as those providing healthcare don’t know what else has been doneo Pharmacy teams - Training and education to understand the different causes and impacts of health inequalities so that services can be provided in a way that reduces inequalitieso Add list of services (with context) to the policy• Consult with:<ul style="list-style-type: none">o Lay person representation – patient and public involvement, e.g. Voluntary Health Scotlando Religious leaders, specific needs for those groups or barriers they faceo Cultural refugee Councilso LGBTQ inputo Could there be an RPS community link workero Alliance and HIS patient participation network | |
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Wales Discussion

Some of the points raised by WPB during the discussion were: -

- Whilst fully supportive of the agenda, WPB board recognise that this is a big piece of work and threads through everything we do
- It is important to engage all sectors and other professions and organisations as this must be a collaborative approach
- RCGP in Wales are starting work on the deep end project, EJ will be attending their stakeholder meeting and will seek opportunities to collaborate highlighting services
- More can be done – and community needs, and public health levels will need to be tailored
- Welcome the approach of seeking views at conference, acknowledge we may need specific focus groups for Hospital and Primary Care or engage through the EAGs, all sectors can contribute to this agenda.
- Health committee have this on their agenda, so this is a good opportunity to get ahead
- There may be an opportunity to engage politicians in this work
- Inequalities are not just about the current population but the trends in population and ensuring the right resources in areas e.g language needs - with increase in Ukraine population and other minority groups as well as Welsh language being treated no less favourably than English, we need to ensure people understand how to take their medicines and avoid harm.
- Income – wealth huge determinant
- Pharmacy can have a much broader perspective and could be the centre of a wellbeing hub
- Certain levels of training for pharmacists
- Working in partnership with partners campaigning in Wales – collaborating
- Sustainability – plays a big part in this arena and increasing health issues due to climate change

	WPB were fully supportive of the health inequalities agenda. The Pharmacy Delivering a Healthier Wales – Vision Goals 2025 will help support this agenda. The Wellbeing survey and resources already in place can also be linked.	
22/09/12.	<p>Papers for noting (Papers: 22.09/NPB/12 (i) to (ix)) Chair: SPB Chair Led by: SPB Chair</p> <p>The following papers were noted by all board members</p> <p>Science & Research update Independent prescribing Education update Policy and consultations Public Affairs Sustainability Pharmacogenomics Inclusion & Diversity Workforce wellbeing</p>	
22.09.13	<p>Any other business</p> <p>There was no other business to discuss</p>	
22.09.14	<p>Dates of Next meetings</p> <p>The next National Board Chairs meeting will be held on 8th February 2023</p> <p>Other dates for 2023 are still to be confirmed</p>	

The meeting closed at: 12.40pm

Action list:

Item No	Action	By Whom	By when/open/closed/comments
22.09.03A	Action: YD to add to BJ's decs of interest (EPB), his role as a Superintendent Pharmacist role at Wychwood Pharmacy and removal of the Menopause group for Sibby Buckle Action: CW to add LW's decs of interest to WPB list.	YD/CW/CDs	Open - October
22.09.08	Action: SPB members to provide bullet points re: workforce pressures for CM to take to the SNP Conference.	SPB/CM	Open – by October
22.09.09	Action: Country Teams to discuss the way forward for the roundtables bearing in mind the suggestions from all 3 boards	CDs	Open – by February
22.09.09	Action: Country Teams to discuss mental wellness breaks for pharmacists.	CDs	Open - February
22.09.11	Action: Discuss with Team the possibility of developing a hub page on health inequalities and a podcast, pulling together the information that RPS already has on health inequalities into one place and signposting too.	Country Teams and comms	Open - December